

25 10

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH  |                                 |  |  | BUREAU OF VITAL STATISTICS      |  |
|--|---------------------------------|--|--|---------------------------------|--|
| 1. PLACE OF DEATH  |                                 |  |  | State File No. <u>380</u>       |  |
| County <u>Yuma</u>   |                                 | State <u>Arizona</u>   |  | Local Registrar's No. <u>59</u> |  |
| District or Township <u>Yuma</u>   |                                 | or Village   |  |                                 |  |
| City <u>Yuma</u>   |                                 | No. <u>Yuma General Hospital</u>   |  | or                              |  |
|  |                                 |  |  | Ward                            |  |
| 2. FULL NAME <u>Santana Alcala Jr</u><br>(If death occurred in a hospital or institution, give its NAME instead of street and number).   |                                 |  |  |                                 |  |
| (a) Residence, No. _____   |                                 | (Usual place of abode)   |  | St., _____ Ward, _____          |  |
| Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  |                                 |  |  |                                 |  |
| PERSONAL AND STATISTICAL PARTICULARS   |                                 |  |  |                                 |  |
| 3. SEX <u>male</u>   | 4. COLOR or RACE <u>mexican</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>single</u><br>(Write the word) |  |                                 |  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____   |                                 |  |  |                                 |  |
| 6. DATE OF BIRTH (month, day and year) <u>Apr 3 1930</u>   |                                 |  |  |                                 |  |
| 7. AGE <u>4</u> Years <u>3</u> Months <u>10</u> Days   | IF LESS than 1 day hrs. min.    |  |  |                                 |  |
| 8. OCCUPATION OF DECEASED<br>(a) Trade, profession, or particular kind of work <u>child</u><br>(b) General nature of industry, business or establishment in which employed (or employer)<br>(c) Name of employer   |                                 |  |  |                                 |  |
| 9. BIRTHPLACE (city or town) (State or country) <u>Yuma Arizona</u>  |                                 |  |  |                                 |  |
| 10. NAME OF FATHER <u>Santana Alcala</u>   |                                 |  |  |                                 |  |
| 11. BIRTHPLACE OF FATHER (State or country) (city or town) <u>Mexico</u>   |                                 |  |  |                                 |  |
| 12. MAIDEN NAME OF MOTHER <u>Catalina Perez</u>  |                                 |  |  |                                 |  |
| 13. BIRTHPLACE OF MOTHER (State or country) (city or town) <u>Mexico</u>   |                                 |  |  |                                 |  |
| 14. Informant (Address) <u>O. Johnson</u>  |                                 |  |  |                                 |  |
| 15. Filed <u>Apr 4 1930</u> <u>May 1 1930</u> <u>Local Registrar</u>   |                                 |  |  |                                 |  |
| MEDICAL CERTIFICATE OF DEATH   |                                 |  |  |                                 |  |
| 16. DATE OF DEATH <u>April 4</u> 19 <u>30</u><br>Month Day Year  |                                 |  |  |                                 |  |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>April 3</u> 19 <u>30</u> to <u>April 4</u> 19 <u>30</u><br>that I last saw him alive on <u>April 4</u> 19 <u>30</u><br>and that death occurred, at the date stated above, at <u>3:00 P.M.</u><br>The CAUSE OF DEATH was as follows:<br><u>Birth injuries</u><br>(duration) _____ yrs. _____ mos. <u>1</u> ds.<br>CONTRIBUTORY (Secondary) _____<br>(duration) _____ yrs. _____ mos. _____ ds.<br>18. Where was disease contracted if not at place of death? <u>nowhere</u><br>Did an operation precede death? <u>no</u> Date of _____<br>Was there an autopsy? <u>no</u><br>What test confirmed diagnosis? <u>Clinical</u><br>(Signed) <u>John W. Stacey</u> , M. D.<br>(Address) <u>Yuma, Ariz.</u><br>* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)<br>19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u> DATE OF BURIAL <u>4-4-30</u><br>20. UNDERTAKER <u>O. Johnson</u> ADDRESS <u>Yuma Ariz</u> |                                 |  |  |                                 |  |